



PATENT
450117-02808

AF
3300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Gerald OBERSCHMIDT et al.

Serial No. : 09/767,124

For : DEMODULATION STRUCTURE AND METHOD

Filed : January 22, 2001

Examiner : Arnold M. Kinkead

Art Unit : 2817

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on September 26, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

September 26, 2003

Date of Signature

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U.S. PATENT AND
TRADEMARK OFFICE
SEP 26 2003

AMENDMENT AFTER FINAL

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450**

Dear Sir:

In response to the Office Action dated June 26, 2003, please amend the above-identified application as follows:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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 Serial No. : 09/767,124
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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	= 20	0 ×	\$18(9)	= \$ 0.00
Independent claims	4	Minus	= 4	0 ×	\$84(42)	= \$ 0.00
Total additional fee for this amendment						\$ 0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid ___, or is paid herewith ___.

This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$00 is attached, which covers the cost of additional claims ___ petition for extension of time.

Charge \$__ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

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Signature

September 26, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800